



Indian Institute of Information Technology Vadodara

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Request for Ph.D. Thesis Supervisor/Co-supervisors

(To be processed after completion of comprehensive exam)

Name: _____ ID: _____

Department: _____ Broad Research Area: _____

Date: _____

(Signature of Student)

(To be filled-up by the department head)

Name (s) of Principal Supervisor/ Joint supervisors	Remarks
1. _____ (Sole or Principal Supervisor)	
2. _____ (Joint Supervisor, if any)	

Date: _____

(Signature of Department Head)

Research Studies

Associate Dean (R & D) : _____

Allotted Supervisor/Co-supervisor: _____

Associate Dean (Academics) : _____

(Director)